PATENT APPLICATION FEE DETERMINATION RECO								Application or Docket Number					
	PAIENI	ORE	10772435										
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL E	NTITY	OR		THAN ENTITY	
T	OTAL CLAIMS	3	2	1	·			RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			∩ minus 20=		•			X\$ 9=		OR	XS18=	18	
INDEPENDENT CLAIMS			minus 3 =		•			X43=	 	┪┈	X86=	10	
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT						 	OR			
* If the difference in column 1 is less than zero, enter "0" in column 2								+145=	ļ	OR	÷290=	2.56	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 2)								TOTAL	Ļ	OR	TOTAL .	188	
	-31-06	(Column 1)	(Colum	(Column 2) (Column 3)			SMALL	ENTITY	OR	OTHER SMALL			
AMENDMENT A	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	-28	Minus	- 2	. /	= 7		XS 9=		OR	X\$18=	350	
	Independent	• 1	Minus	G	9 	=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=			+290=		
							. L	TOTAL		OR	TOTAL	350	
(Column 1) (Column 2) (Column 3)								DDIT. FEE		OR	ADDIT. FEE	750	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	- 38	Minus	**		=		XS 9=		OR	X\$18=		
AME	Incependent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						Ì	.145-			.000		
								+145= TOTAL		OR	+290= TOTAL		
		(Calumn 4)		40.1			A	DDIT. FEE		OR ,	ODIT. FEEL		
5	`	(Column 1) CLAIMS		(Columi	ST	(Column 3)	_	· · · · · · · · · · · · · · · · · · ·	4001				
MENOMENT		REMAINING AFTER AMENDMENT	·	PREVIOL PAID FO	JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		3		X\$ 9=		OR	X\$18=		
	Independent		Minus	***		•		X43=		OR	X86=		
	rino i PritoEl	NTATION OF MU		PENDENT (LAIM		1	+145=		OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OR TOTAL ADDIT. FEE													
T)	he 'Highest Numb	nber Previously Pail ber Previously Paid	For (Total or	IS SPACE is I r Independent	ess than I) is the	n 3, enter "3," highest number		_	opriate box				